

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107049702**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		6		1		
5		1		1		
6		8		1		
7		8		1		
8	1		1			
9		0		1		
10		0		1		
11		0		1		
12		0		1		
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TOTAL IND.	2		2			
TOTAL DEP.	12		11			
TOTAL CLAIMS	14		13			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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